

(7) sections describing materials and workmanship in detail for each class of work;

(8) special conditions; and

(9) general conditions which contain an agreement that representatives of the department will have access at all reasonable times to the work whenever it is in preparation or progress and that the contractor will provide the necessary facilities for that access and inspection.

(c) A certification from the Alaska Department of Environmental Conservation must be submitted at the third stage as evidence that the proposed water supply is potable and that the project meets sewage and air pollution requirements. (Eff. 4/28/77, Reg. 62)

Authority: AS 18.20.060
AS 18.20.080

7 AAC 09.160. INSPECTION BY LICENSEE.

Competent and adequate inspection must be provided and maintained at the construction site by the licensee to insure that the completed work conforms to the approved plans and specifications. (Eff. 4/28/77, Reg. 62)

Authority: AS 18.20.060

7 AAC 09.170. DEFINITIONS. In secs. 10-170 of this chapter

(1) "construction" means the erection of new buildings, additions to or remodeling of existing buildings, and the conversion of existing buildings to health facilities;

(2) "department" means the Department of Health and Social Services;

(3) "health facility" means a hospital, long-term care facility, facility for the developmentally disabled, rehabilitation facility, community mental health center, and outpatient facility;

(4) "long-term care facility" means a chronic disease hospital, extended care facility, nursing care facility, and intermediate care facility. (Eff. 4/28/77, Reg. 62)

Authority: AS 18.20.060

CHAPTER 12. FACILITIES AND LOCAL UNITS

Article

1. Medical Facilities
- 1A. Intermediate Care Facilities
2. Local Health Units and Districts

ARTICLE 1. MEDICAL FACILITIES

Section

10. Regulations for the licensing, maintenance and operation of hospitals
20. (Repealed)
30. (Repealed)
40. Licensing, operation and maintenance of nursing homes
45. (Annulled)
50. (Repealed)
60. (Repealed)

7 AAC 12.010. REGULATIONS FOR THE LICENSING, MAINTENANCE AND OPERATION OF HOSPITALS. (a) Licensing Requirements

(1) License

(A) Any person or persons desiring to establish, conduct, or maintain, or who holds out, represents or advertises by any means, the establishment, maintenance or conducting of a hospital, including specialized hospitals as defined in these requirements, shall obtain a license from the Department of Health and Social Services. The use of the name or title "hospital" by any person or persons to identify a facility for the diagnosis, care, and treatment of human illness other than a facility subject to the licensure provisions of these requirements, is prohibited.

(B) Application for license to operate a hospital shall be furnished upon request to the Department of Health and Social Services.

(C) The licensee is the officer or member of staff or governing body on whom rests the responsibility for maintaining approved standards for the institution.

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(D) A license is valid only for the licensee and premises named in the license.

(E) Separate licenses are required for institutions maintained on separate premises, even though they are operated under the same management; provided, however, that several separate licenses are not required for separate buildings on the same ground.

(F) The license shall be posted in a conspicuous place on the premises, in the public lobby or waiting room of the institution.

(G) Each license to operate a hospital or different types of hospitals shall expire on June 30, following the date of issue, and if a renewal is desired, the licensee shall make application at least 30 days prior to the expiration date upon a form adopted by the Licensing Agency.

(H) Revocation of License

(i) A license issued to any hospital or different types of hospitals will be suspended or revoked by the Licensing Agency in any case where the agency finds that there has been a substantial failure to comply with the requirements established under the Hospital Licensing Law, AS 18.20.020-.130.

(ii) A license may be revoked if the agency, upon investigation, finds that any illegal act affecting the welfare of a patient in the institution has been permitted.

(I) Each license shall be returned to the agency immediately upon its suspension or revocation, or if the institution voluntarily ceases operation.

(b) Definitions

(1) Hospital. Any institution or establishment, public or private, providing facilities to the general public over a continuous period of 24 hours each day for the bedside treatment and care of two or more nonrelated individuals suffering from illness, injury, deformity, abnormality, or any other condition

for which medical or surgical services would be appropriate for care, diagnosis, or treatment.

(2) Hospitalization. Within the meaning of the Hospital Licensing Law, "hospitalization" is defined as the reception and care of any person for the purpose of providing room, board, and nursing service and other hospital facilities required in connection with the diagnosis and treatment of any condition of infirmity.

(3) Medical Staff. The "medical staff" of a hospital shall be defined as an organized body composed of all individuals who are appointed to the staff of a hospital by its governing board.

(4) Registered Nurse. A "registered nurse" shall be a person graduated from a school of nursing and who is currently registered in the State of Alaska.

(c) For the purpose of administering the hospital licensing law, all institutions subject to licensure shall be classified in the following manner:

(1) General Hospital. Any institution providing "hospitalization" for inpatient medical and surgical care of acute illness or injury and for obstetrics.

(2) Specialized Hospitals and Sanatoria. Any institution providing "hospitalization" for one type of care such as mental hospital, psychiatric hospital, tuberculosis hospital, chronic disease hospital, maternity hospital, maternity home, etc.

(3) Specialized Unit of a General Hospital. When a general hospital provides ten or more beds in a segregated unit for a specialized type of care such as psychiatric, tuberculosis, chronic disease, etc., such a unit is a specialized unit of a general hospital. For licensing purposes, one license shall be issued to a general hospital having one or more specialized units, when such units are adjacent to or located on property adjoining that of the general hospital. (Refer to subsection (a)(1)(E).)

(4) Small Hospital. Any institution providing hospitalization with a bed capacity limited to 25 beds.

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(d) General Provision

1) All hospitals licensed as of the effective date of these regulations shall comply with these regulations.

(2) Hospital Planning. When any individual or group in a given locality believes a need exists for a hospital and would like to investigate the need for and possibilities of such a hospital, the Department of Health and Social Services shall be so notified in writing. The Department of Health and Social Services shall thereupon make available to such body all of the latest information relative to hospital needs in that hospital area.

(3) When the occupancy rates of a hospital are determined by the Department of Health and Social Services to be so excessively high as to thereby create serious overcrowding and interference with the provision of proper care for patients, the Department of Health and Social Services shall so inform the governing body which shall thereupon make provisions for expansion of the bed capacity and needed services, or make other arrangements to alleviate such conditions.

(4) On and after the effective date of these regulations, any building or structure not then operating as a hospital but which is converted for use as a hospital, shall be of fire-resistive construction and, upon completion, shall conform with sec. 20 of this chapter of these hospital regulations. The Department of Health and Social Services shall be advised immediately in writing when the acquisition or purchase of a building or structure is contemplated for use as a hospital.

(e) Administration of Hospitals and Sanatoria

(1) Nonprofit Corporation

(A) Governing Body. There shall be a Board of Directors, Board of Trustees, or other similar body in each institution which shall be the supreme authority in the hospital responsible for its management, control, and

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operation, including the appointment of a qualified medical staff, the conservation and use of hospital moneys, and the formulation of administrative policy.

(i) It should be composed of at least three representative residents in the area served by the institution, or as many more additional members who need not be such residents, as are required to effect efficient direction. It is recognized that a hospital operated by a religious order or body may have an established governing body as its supreme authority which may be composed and organized of officials or members of such religious body or organization and in accordance with the practice or rule thereof, notwithstanding lack of residence in the area served by the institution. For such hospital, operated by a religious organization, it is recommended that a local board of residents be established to act as the authority in all matters which may be delegated to it by the rule of the organization and to act in an advisory capacity and referral authority to the supreme authority of the organization.

(ii) The governing body shall consist of at least a president or chairman, vice president, secretary and treasurer. It shall have the power to appoint such officers and committees as it may require to assist in carrying out its functions.

(iii) It shall conduct regular meetings and such special meetings as are required.

(iv) The governing body of the institution shall notify the Department of Health and Social Services within 30 days, in writing, of the termination of service of the administrator as well as of the appointment, name, and address of the new administrator, including dates of change.

(B) All institutions shall have an administrative officer, superintendent, or director, who shall be selected by the governing body to serve under its direction and be responsible for carrying out its policies. The administrative officer shall have

charge of and be responsible for the administration of the institution.

(2) Profit Corporation. Organized and operated for profit.

(A) The owner, partners, or in the case of a private corporation, the board of trustees of a profit-making hospital, shall carry out the same functions reserved for the governing body of a nonprofit institution. Such persons, or board, shall be the ultimate authority in the hospital responsible for the formulation of its policies, management, control, and operation, including the appointment of its medical staff, the establishment of rules and regulations required for the proper care of patients, and such other duties and responsibilities as are necessary to carry out the purpose of the institution. The owner, or the board of trustees of any privately incorporated hospital shall certify to the Department of Health and Social Services the names, addresses, occupation, or professions of the owners.

(i) Any change in the ownership, or the identity of the person or persons acting as the ultimate authority in an institution shall be reported to the Department of Health and Social Services within 30 days of the date of which such change occurred.

(ii) The owner, partner, or the board of trustees of any profit-making hospital shall notify the Department of Health and Social Services within 30 days, in writing, of the termination of service of the administrator as well as of the appointment, name, and address of the new administrator, including dates of change.

(B) All profit-making institutions shall have an administrative officer, superintendent, or director. He shall be selected by the person or persons exercising the ultimate authority in each institution. He shall be responsible for carrying out the policies of the owners and for the overall administration of all departments and

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(3) The Medical Staff

(A) The medical staff shall be responsible to the governing body of the hospital for the clinical and scientific work of the hospital. It shall be called upon to advise regarding professional problems and policies.

(B) In any hospital used by three or more practitioners, the medical staff should be an organized group which shall formulate, and with the approval of the governing body, adopt by-laws, rules, regulations, and policies for the proper conduct of its work and eligibility for membership to the staff, subject to final action by the governing body. The medical staff shall

(i) designate one of its members as chief of staff;

(ii) hold regular meetings for which minutes and records of attendance shall be kept;

(iii) review and analyze, at regular intervals, the clinical experience of the hospital.

(C) All persons admitted to the hospital shall be under the professional care of a member of the medical staff.

(D) No medication or treatment shall be given to a patient except by the written order of a member of the medical staff. Emergency orders, given by telephone, shall be reduced to writing immediately upon receipt and shall be signed by the staff member within 24 hours after the order is given.

(E) All hospitals shall have a licensed physician available on call for emergencies at all times; provided, however, this regulation shall not apply during such time that any hospital is without the services of a licensed physician and/or every diligent effort has been made to secure a competent licensed physician. Provided further, that in no event shall any hospital be without a competent licensed physician for any reasonable time not to exceed three months.

(F) It is recommended that the medical staff, with approval of the governing body, adopt by-laws, rules, and regulations in conformance with those recommended in "Principles For Establishing Medical Staff By-Laws, Rules, and Regulations" by the Joint Commission on Accreditation of Hospitals, 660 North Rush Street, Chicago 11, Illinois.

(4) Personnel

(A) Written policies, procedures, rules, and regulations shall be established for the administrative and technical guidance of the personnel of the entire hospital. Employees shall be instructed in the requirements, policies, and procedures pertaining to their respective duties.

(B) At all times there shall be enough qualified personnel on duty to provide the standard of care and maintenance in the hospital, which is necessary for the well-being of the persons received for care. This includes night duty, vacation, and other relief periods. A record shall be kept of the length of service of each employee.

(C) Nursing Personnel

(i) The department of nursing shall be organized to provide complete and efficient nursing care to each patient, and the authority, responsibility, and function of each nurse shall be clearly defined.

(ii) All graduate nurses employed in a hospital must be licensed in the State of Alaska to practice their profession. Temporary permits shall be honored for such period as may be reasonably necessary to permit final action on the nurse's application for a license by the Alaska Nurses' Examining Board for the state but in no case shall the temporary permit be for a longer period than three months. Licenses must be renewed annually, in accordance with the State Law, AS 08.68.250 - .260. Nurses employed by a hospital to practice are subject to immediate restrictions from the practice of nursing in such hospital upon recommendation of the Nurses'

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Examining Board of the State of Alaska when such recommendation precedes denial of license to practice in the state.

(iii) The superintendent or director of nursing service shall be a competent and well-trained person, with administrative and executive ability, and she shall be a graduate nurse and currently licensed to practice in the State of Alaska.

(iv) Supervisors and head nurses shall have had preparation courses and experience commensurate with the responsibility of the specific assignment.

(v) Applications for employment as a professional or practical nurse shall be submitted in writing to the person responsible for nursing personnel, and each application shall contain accurate information as to the education, training, experience, and personal background of each applicant. Professional and practical nurses already licensed to practice in the state shall submit their current state license, or registration card to the person responsible for the nursing personnel for review. Such responsible person shall maintain a continuing record of the current registration numbers of professional and practical nurses on the staff, and shall be responsible for seeing that all professional and practical nurses on the staff maintain renewal of their licensure. Duties of the professional and practical nurse staff shall be clearly defined and not in conflict with restrictions in responsibilities set forth in the Alaska Nurse Practice Act, AS 08.68. They shall be instructed in all duties assigned to them.

(vi) There shall be regular meetings of the graduate nursing staff to review and analyze the nursing service to determine the quality of the nursing care rendered to patients and to increase the efficiency of the nursing service.

(D) Health of Employees

(i) All regular paid personnel should be given pre-employment

consisting of a general physical examination, including a chest X-ray and stool cultures if a history of typhoid fever is elicited. A physical examination, including chest X-ray, should be repeated annually on all such personnel. Other personnel who show signs of other respiratory infections, skin lesions, diarrhea, and other communicable disease, should be excluded from work and return only after a checkup by a physician.

(ii) Personnel absent from duty because of any reportable communicable disease, infection, or exposure thereto, shall be excluded from the hospital until examined by a physician designated for such purpose, and shall be certified by him to the Administrator as not suffering any condition that may endanger the health of patients or employees.

(f) Records and Reports

(1) Accurate and complete confidential medical records shall be prepared for all patients. These shall be filed in such a manner as to be accessible to the medical and nursing staff.

(A) A trained medical record librarian, or other authorized hospital employee, shall be given the responsibility for the proper custody, supervision, indexing, and filing of the completed medical records of patients.

(B) Space and equipment shall be provided for the recording and completion of the record by the physician as well as for indexing, filing, and safe storage of medical records.

(C) Accurate and complete medical records shall be maintained on all patients from the time of admission to the time of discharge. To be considered complete, a medical record should include:

(i) adequate identification data;

(ii) admitting diagnosis (to be completed within 24-48 hours);

(iii) history and physical examination including pregnancy on

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maternity cases (to be completed within 24-48 hours);

(iv) progress notes;

(v) signed doctor's orders;

(vi) operative notes where applicable (to include course of delivery on maternity cases);

(vii) special reports and examinations including clinical and laboratory findings, X-ray findings, records of consultation, anesthesia reports, etc.;

(viii) nurse's notes;

(ix) discharge diagnosis;

(x) autopsy report where applicable;

(xi) full and true name of patient and spouse or nearest relative and address;

(xii) the place of residence of the patient prior to hospitalization, and place of residence following discharge.

(D) A medical record shall be maintained on all newborn infants and shall include a physical examination performed and recorded by the physician, and a statement relative to the physical condition of the infant at the time of discharge. When the child leaves the hospital with any person other than his parent, the hospital should obtain and record the true name of the person or persons with whom the child leaves, and the place of residence where it is planned that he is to be taken. (Reporting of children born out of wedlock, and any child taken from the hospital by persons other than his own parent, and referrals for child placement and adoptions shall be in accordance with AS 29.10.189.)

(E) The medical staff shall have a policy requiring that the medical records shall be completed within a reasonable time following the discharge of the patient. The completion of the medical record shall be the responsibility of the attending physician.

(F) The history and physical examination record shall be completed and signed by the attending staff member prior to the performance of any surgery except in case of emergency, when an admission note including significant findings and diagnosis shall be written.

(G) All medical records shall contain the orders for medication and other services written in ink and signed by the prescribing physician, or undersigned by him within 24 hours. In surgery cases, a copy of the pathologist's tissue report shall be made a part of the patient's permanent medical record.

(2) The following hospital records shall be maintained in a form and manner acceptable to the Department of Health and Social Services and such reports from them shall be made as requested:

(A) record of admission and discharges, total patient days, average length of stay, and number of autopsies performed. Separate data shall be maintained for

(i) adults and children, excluding newborns;

(ii) newborn infants, excluding stillbirths;

(B) register of births;

(C) register of deaths;

(D) the official original records of birth, death, and stillbirth, required by law for each of these events, are the prime responsibility of the attending physician. The hospital shall be responsible for the completeness and accuracy of the data furnished from its records, and for the prompt filing of the original with the proper U.S. Commissioner when so requested by the attending physician in accordance with instructions by the Bureau of Vital Statistics;

(E) register of Operations;

(F) register of out-patients;

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(G) narcotics shall be handled in complete conformance with the Federal Narcotic Law and the Uniform Narcotic Act adopted by the State of Alaska, AS 17.10 and AS 17.12. Hospitals shall keep a daily record of the kind and quantity of narcotics dispensed or administered; the name of the physician upon whose authority, and the purpose for which dispensed or administered. The initials or signature of the practitioner ordering the drug shall appear on the patient's chart, or on a separate prescription properly executed by the physician, filed with the pharmacist in charge of the pharmacy before the narcotic leaves his control. If both chart and prescription are used, the chart shall bear a reference to the prescription. The nurse's notes and the doctor's orders in the patient's chart shall carry a record of narcotics together with their signature. A periodic checkup shall be made to verify that the amounts purchased balance with the dispensed and on hand amounts;

(H) all original hospital records or photographs of same shall be stored in the hospital, and none shall be disposed of except by the approval of the Department of Health and Social Services.

(g) Chemical laboratory service shall be provided in or available for the hospital.

(1) Personnel. A physician shall have responsibility for the supervision of the laboratory. The laboratory personnel shall be qualified by education, training, and experience for the type of service performed.

(2) Facilities and equipment for the performance of routine clinical diagnostic procedures, and other laboratory techniques shall be adequate for the services provided.

(3) The extent of these services shall be based on the services rendered by the hospital. It is recommended that hospitals rendering general service, including surgery, and obstetrics, provide facilities for at least the following: Examination of urine for sugar, albumen, acetone bodies, and microscopic examinations, sediment; for the determination of blood hemoglobin, erythrocyte count, leucocyte count, differential count, volume

coagulation time, blood group and matching, and for quantitative blood sugar determination. It is also recommended that mailing containers for the submission of specimens for tuberculosis, intestinal parasites, enteric fever, diphtheria culture, malaria, serological agglutination tests, and agglutination tests for syphilis be secured from the Section of Laboratories, Department of Health and Social Services and a supply kept on hand for the convenience of physicians.

(4) It shall be the policy of all hospitals providing services for surgical care, to have available facilities for the pathological examination of all tissue specimens, either on the premises or by arrangement through affiliation, or other means, with a competent pathological laboratory.

(h) X-ray service shall be provided in or available to the hospital.

(1) A physician shall have responsibility for the supervision of the X-ray service. The X-ray personnel shall be qualified by education, training, and experience for the type of service performed.

(2) Diagnostic and therapeutic X-ray facilities shall be adequate for the services provided. Protection against radiation hazards shall be provided for the patients, operators, and other personnel.

(3) Hospitals providing Radio Isotope, or other atomic treatment services, shall report the type of such services to the Department of Health and Social Services.

(i) Accommodations, Furnishings and Equipment for Care

(1) Nursing Department

(A) Patient Rooms

(i) All bedrooms used for patients shall be outside rooms, dry, well ventilated, naturally lighted, and otherwise suitable for occupancy. Each bedroom shall have direct access to corridor.

(ii) Rooms ~~located~~ ^{located} below ground shall not be used as bedrooms for

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patients except that any patient bedroom, in use prior to the effective date of these regulations, may be continued provided it does not extend more than three feet below ground level.

(iii) No patient shall, at any time, be admitted for regular bed care to any room other than one regularly designed as a patient room or ward, except in case of emergency, and then only as a temporary measure.

(iv) Patients' beds should not be placed in corridors nor should furniture or equipment be kept in corridors except in the process of moving from one room to another.

(v) There should be a space of at least three feet between beds, and sufficient space around the bed to facilitate nursing care and to accommodate the necessary equipment for care. Beds shall be located to avoid drafts or other discomforts to patients.

(vi) The window area of each bedroom shall equal at least one-eighth of the total floor area. The minimum floor area should be at least 100 square feet in single bedrooms and at least 80 square feet per bed in multi-bedrooms. All hospitals in operation, as of the effective date of these Regulations, shall comply with the requirements of this subsection (i) of this section to the extent possible, but nothing contained herein shall be so construed as to require major alterations by such hospitals, nor shall a license be suspended or revoked for an inability to comply fully with subsection (i) of this section.

(B) the following items shall be provided for each patient unless clinically contraindicated:

(i) a comfortable, hospital-type bed, a clean mattress, waterproof sheeting or pad, pillows, and necessary covering. Clean bedding, towels, washcloths, bath blankets, and other necessary supplies shall be kept on hand for use at all times;

(ii) at least one chair;

(iii) a locker or closet for storage of clothing. Where one closet is used for two or more persons, provisions shall be made for separation of patients' clothing;

(iv) a bedside table with compartment or drawer to accommodate personal possession for each person;

(v) cubicle curtains or bed screens to afford privacy in all multi-bed rooms;

(vi) a device for signaling attendants, which shall be kept in working order at all times except in psychiatric and pediatric units, where an emergency call should be available in each patient's room for the use of the nurse;

(vii) handwashing facilities, located in the room or convenient to the room, for the use of patients and personnel. It is recommended that these be equipped with gooseneck spouts and wrist action controls;

(viii) a clinical thermometer to be sterilized before each use;

(ix) individual bedpans, wash basins, emesis basins, and mouth wash cups shall be provided for each patient confined to bed. This equipment shall be stored so that it will not be interchanged and shall be sterilized when the patient is discharged;

(x) no linen shall be interchangeable from one patient to another before being properly laundered.

(C) There shall be one nurses' station provided for each nursing unit. Each station shall be conveniently located for patient service and observation of signals. It shall have a locked, well-illuminated medicine cabinet. Where narcotics are kept on the nursing station, a separate, locked, permanently secured cabinet for narcotics shall be provided. Adequate lighting space for

keeping patients' charts, and for personnel to record and chart shall be maintained.

(D) There shall be at least one conveniently located, well-illuminated and ventilated utility room for each nursing unit. Such room shall provide adequate space and facilities for the emptying, cleansing, sterilizing, and storage of equipment. Bathtubs or lavatories, or laundry trays shall not be used for these purposes. A segregation of clean and dirty activities shall be maintained.

(E) A linen closet or linen supply cupboard shall be provided convenient to the nurses' station.

(F) Supplies and equipment for medical and nursing care shall be provided according to the type of patients accepted. Storage areas shall be provided for supplies and equipment. A separate enclosed space shall be provided and identified for the storage of sterile supplies. Sterile supplies and equipment for the administration of blood and intravenous, or subcutaneous solutions, shall be readily available. Acceptable arrangements shall be made for the provision of whole blood whenever indicated.

(G) A room, or rooms, equipped for the isolation of cases, or suspected cases of communicable disease, shall be provided. Policies and procedures for the care of infectious patients, including the handling of linens, utensils, dishes, and other supplies and equipment, shall be established. The hospital and its staff shall provide for compliance with the regulations for the control of communicable disease of the Department of Health and Social Services. (7 AAC 27.010.080)

(H) All medications which have been prepared for an individual patient shall be discarded when orders have been discontinued, or patient has been dismissed. Individual narcotic medications shall be returned to the pharmacy for accounting.

(i) Restraints shall be applied only when they are necessary to prevent injury to the patient or to others, and shall be

used only when alternative measures are not sufficient to accomplish their purposes. Careful consideration shall be given to the methods by which they can be speedily removed in case of fire or other emergency.

(ii) Hot water bags must be covered before being placed in a bed, and carefully checked as to temperature and leakage. Electrical heating pads shall be checked periodically, at least annually, by an electrician.

(2) Surgical Department

(A) All hospitals providing for the surgical care of patients shall have an operating room or rooms, scrub-up facilities, clean-up facilities, and space for the storage of surgical supplies and instruments. The surgical suite shall be located to prevent routine traffic through it to any other part of the hospital. It is recommended that the surgical and obstetrical suites be entirely separate.

(B) The operating room shall be of a sufficient size to accommodate the personnel and equipment needed.

(C) There shall be satisfactory illumination of the operative field as well as general illumination.

(D) Adequate work space, sterilizing space, and sterile storage space shall be provided. A central sterilizing and supply room is recommended. Sterilizers and autoclaves of the proper type, and necessary capacity for the sterilization of utensils, instruments, dressings, water and other solutions, shall be provided and maintained in an operating conditions. Provision of sterile water in flasks is recommended. Special precautions shall be taken so that sterile supplies are readily identifiable as such and are completely separated from unsterile supplies.

(E) In hospitals providing care for surgical patients, provisions should be made for the setting aside of surgical beds and surgical wards, and the arrangement shall be in a manner such as to protect and clean

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